

## I. Notice to the Public

Notice is posted on [www.derbyks.com](http://www.derbyks.com), at the Derby Senior Center and in all Derby Dash vehicles.

### Notifying the Public of Rights Under Title VI

## THE CITY OF DERBY, KANSAS

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving federal financial assistance (42 U.S.C. Section 2000d). The City of Derby, Kansas, is committed to a policy of non-discrimination and operates its programs and services without regard to race, color, national origin, religion, sex, age, disability, or income in accordance with Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, the Federal Aid Highway Act of 1973, Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Executive Order 12898 and Executive Order 13166.

Any person who believes he or she has been aggrieved by any unlawful discriminatory practice under Title VI or any other federal or state law may file a complaint with the City of Derby Title VI Coordinator:

Title VI Coordinator  
City of Derby  
Assistant City Attorney  
611 N. Mulberry Rd, Suite 300  
Derby, KS 67037  
(316) 788-1519

Complaints may also be filed directly with the U.S. Department of Transportation:

Office of Civil Rights  
Attention: Title VI Program Coordinator  
East Building, 5<sup>th</sup> Floor – TCR  
1200 New Jersey Avenue SE  
Washington, DC 20590

- If information is needed in a language other than English, contact (316) 788-1519.
- Si se necesita información en otro idioma, póngase en contacto (316) 788-1519.

## **II. Complaint Process and Complaint Form**

### **Responsibilities:**

Any person who believes he or she has been subjected to unequal treatment or discrimination in his or her receipt of benefits or services from the City or by a contractor or subrecipient of federal funds on the grounds of race, color, or national origin may file a Title VI Complaint with the Title VI Coordinator. The complaint must be filed within 180 days of the alleged discriminatory act or occurrence.

### **Complaint Process:**

The following procedures cover all complaints arising under Title VI. These procedures do not deny the right of the complainant after completion of the Title VI complaint process to file a complaint with state or federal agencies or bring a private action based on the complaint.

- a) Any person who believes they have been subjected to discrimination under Title VI may file a written complaint with the Title VI Coordinator. The complaint must be filed within 180 days of the alleged discriminatory act or occurrence.
- b) Complaints shall be in writing, provide as much detail as possible, and be signed by the complainant. If necessary, the Title VI Coordinator will assist the complainant in writing the complaint for the complainant's review and signature.
- c) Within 10 days of receiving the complaint, the Title VI Coordinator will determine whether the City has jurisdiction and will mail the complainant a letter acknowledging receipt and informing the complainant of the status of the complaint. If additional information is needed, such information will be requested and the complainant will be provided 15 days to provide the additional information. If the complaint is outside the scope of the City's control (i.e. complaint pertains to an agency outside of the City, and the City is not contracting with this agency for this program or service), the complainant will be advised of the appropriate parties to contact, if known.
- d) After the Title VI Coordinator completes the investigation of the complaint, he/she will issue one of two letters to the complainant: 1) a closure letter, or 2) a letter of finding. A closure letter summarizes the allegations and states there was not a Title VI violation and the case will be closed. A letter of finding summarizes the allegations and interviews regarding the alleged incident and explains whether any appropriate action has been taken, additional training of the staff member is being performed, or if other action will occur. If the complainant wishes to appeal the decision, he/she has 30 days after the date of either letter to appeal the decision to the City Manager.

A complainant may also file a complaint directly with the U.S. Department of Transportation:

Office of Civil Rights  
Attention: Title VI Program Coordinator  
East Building, 5<sup>th</sup> Floor – TCR  
1200 New Jersey Avenue SE  
Washington, DC 20590



## Title VI Discrimination Complaint Form

Title VI of the Civil Rights Act of 1964 provides that no person shall on the grounds of race, color, or national origin be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity receiving federal funds.

The purpose of this form is to assist you in filing a complaint with the City's Title VI Coordinator. You may file a complaint against the City, a City contractor, or a City subrecipient of federal funds within 180 days of the alleged discriminatory act. Send all complaints to: City of Derby, Assistant City Attorney and Title VI Coordinator, 611 N. Mulberry Rd, Suite 300, Derby, KS 67037, by e-mail to [MatMullen@derbyweb.com](mailto:MatMullen@derbyweb.com), or by phone at 316-788-1519 ext. 1275.

### PROVIDE YOUR NAME AND CONTACT INFORMATION

<b>Name:</b>	
<b>Address:</b>	
<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Email Address:</b>	

### PERSON DISCRIMINATED AGAINST, IF DIFFERENT FROM ABOVE

<b>Name:</b>	
<b>Address:</b>	
<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Email Address:</b>	

**BASIS OF THE DISCRIMINATORY COMPLAINT**

Please categorize the type of discrimination you believe occurred.

**Alleged Reason for Discriminatory Action:**

Race       Color       National Origin

**Earliest Date of Discrimination:**

**Most Recent Date of Discrimination:**

**CITY DEPARTMENT, CONTRACTOR, OR SUBRECIPIENT THAT DISCRIMINATED**

**Name of Department or Company:**

**Specific Individual(s), if known:**

**Address:**

**Work Phone:**

**Home Phone:**

**Cell Phone:**

**DESCRIBE THE DISCRIMINATION**

In your own words, tell us what happened, who was involved, why you believe it occurred, and how you (or another) were discriminated against. Include how other persons were treated differently. Please provide the dates and names of all persons who were involved and their contact information if possible. Also provide the names and contact information for all witnesses. Use additional paper if needed and attach a copy of any other relevant information.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**COMPLAINTS OVER 180 DAYS**

Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination listed above is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.

---

---

---

---

---

---

---

**Please sign below to acknowledge the information entered in the complaint is true and correct to the best of your knowledge. (We cannot accept unsigned complaints.)**

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date